



State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD

501 Hammill Lane, Reno, Nevada, 89511
Phone (775) 825-5535 * Email nvfuneralboard@fb.nv.gov

Reactivation of Inactive License Application and Instructions

Eligibility and Information

A funeral director or embalmer licensee whose license has been placed on inactive status and wishes to reactivate such license shall submit this application with all required documents to demonstrate that they are qualified and competent to practice with a \$375 fee. Once the Board received all needed documentation, a background check will be completed, and license will be re-issued if there are no findings in the investigation.

Required Documents

Completed Application for Reactivation of Inactive License: Applications are required to be completed in full and must be signed and notarized.

Nevada Business License: Individuals who are self-employed or working as independent contractors are required to comply with Nevada business licensing requirements. Information is available through the Secretary of State's Office or www.nvsilverflume.gov.

Previously issued Nevada Funeral Director or Embalmer license: Applicant must provide a copy of the most recent Nevada Funeral Director or Embalmer license.

Applicant Request to Release Information: This document must be signed and notarized in order for the Board to obtain any necessary information to conduct a background investigation. Document can be found on Board website or mailed upon request.

Full Face Photograph of Applicant: Please submit with application.

Fee: A non-refundable check or money order made out to the "Nevada Funeral and Cemetery Services Board" in the amount of \$375 must be submitted at time of application.

\$175 Reactivation Fee plus \$200 Renewal Fee = \$375.00 Total Due Per License

License Information

Inactive Nevada License Number _____ Expiration Date _____

☐ Funeral Director

☐ Embalmer

Applicant Data

Your Name: _____

Social Security Number _____ Date of Birth _____

Address: _____
Street / P.O. Box City State Zip

Email Address: _____

Phone #: _____ Fax #: _____

Professional Licensing History

Are you now or have you ever been licensed, certified or registered as a Funeral Director or Embalmer in any other jurisdiction? _____ Yes _____ No

State/Jurisdiction: _____ License # _____ Issue Date: _____ Expiration Date: _____

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Professional Employment History (5 years) – attach additional sheets if necessary

1. Current Employer: _____ Start Date: _____

Address: _____
Street / P.O. Box City State Zip

Phone #: _____ Fax #: _____

2. Previous Employer: _____ Start /End Date: _____

Address: _____
Street / P.O. Box City State Zip

Phone #: _____ Fax #: _____

3. Previous Employer: _____ Start/End Date: _____

Address: _____
Street / P.O. Box City State Zip

Phone #: _____ Fax #: _____

Address History- Please list places of residence for the last 10 years

1. Current Physical Address:

Street / P.O. Box_____
City_____
State_____
Zip*Dates of Residence* From: _____ To: _____ own rent

2. Prior Physical Address:

Street / P.O. Box_____
City_____
State_____
Zip*Dates of Residence* From: _____ To: _____ own rent

3. Prior Physical Address:

Street / P.O. Box_____
City_____
State_____
Zip*Dates of Residence* From: _____ To: _____ own rent

4. Prior Physical Address:

Street / P.O. Box_____
City_____
State_____
Zip*Dates of Residence* From: _____ To: _____ own rent

5. Prior Physical Address:

Street / P.O. Box_____
City_____
State_____
Zip*Dates of Residence* From: _____ To: _____ own rent**Military History Questions**

If you have ever served in the United States military, please check branch(es) of service below:

Army/Army Reserve

Navy/Navy Reserve

Air Force/Air Force Reserve

Coast Guard/Coast Guard Reserve

Marine Corps/Marine Corps Reserve

National Guard

Military Occupation Specialty/Specialties: _____

Date(s) of Service: From _____ to _____

Are you currently a spouse of an active military service member?

Yes

No

Legal Information – Explain any “YES” answers on a separate sheet of paper

Has there ever been a complaint filed, investigation, or legal action taken against your professional license for any reason? ____ Yes ____ No

Are there any pending legal actions, complaints, investigations or hearings concerning you in process? ____ Yes ____ No

Have you ever had a professional license, certification or registration denied, restricted, suspended, or revoked? ____ Yes ____ No

Have you ever relinquished responsibilities, resigned a position or been fired while a complaint was pending against you? ____ Yes ____ No

Have you ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) ____ Yes ____ No

Child Support Information – Please check ONE appropriate answer. An answer is mandatory.

- ☐ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Nevada Business License Information – Check Appropriate Answer. An answer is mandatory.

- ☐ I do NOT have a Nevada business license number and AM NOT required to have one under the provisions of NRS Chapter 76.
- ☐ I do NOT have a Nevada business license number and AM required to have one under the provisions of NRS Chapter 76.
- ☐ I have a Nevada business license number assigned by the Secretary of State upon compliance with the provisions of NRS Chapter 76.

Name on business license: _____

Business license #: _____

Declaration of Applicant

I hereby declare under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this application.

Signature of Applicant

Date

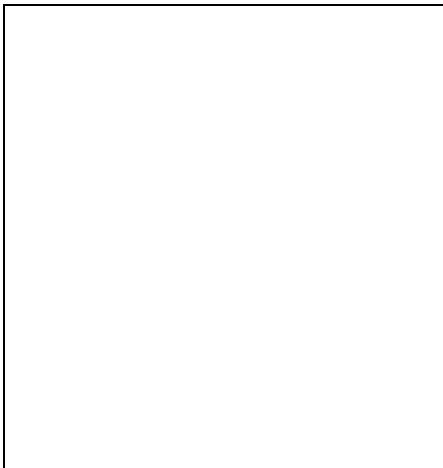
Print Name

SUBSCRIBED AND SWORN BEFORE ME

This _____ day of _____, in the year _____.

Notary Public

Seal



Applicant Photo

For Board Use Only:

Date Received: _____

Amount Paid: _____

Check Number: _____

Date License Issued: _____